



Innovative Design Consolidates Diverse Behavioral Health Programs into

# ONE COMPREHENSIVE CENTER

A Project Brief on Behavioral Health at The Merrifield Center, Fairfax, VA

## INSIDE YOU WILL LEARN ABOUT:

How a county directive to relocate different behavioral health programs into one location led to a unique design for serving low to high-risk populations in an integrated facility.

How collaboration among the architect, interior designer, landscape architect, owner, staff, and clients played an integral role in shaping the programming and design.

Why the design team took creative approaches to address security and privacy concerns while maintaining an aesthetically pleasing and welcoming atmosphere where clients feel safe and respected.

How initial efforts to save money for the county and increase convenience for clients has ultimately resulted in a facility that has improved quality of care and achieves better outcomes.

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## Innovative Design Consolidates Diverse Behavioral Health Programs into One Comprehensive Center

*The Merrifield Center, Fairfax, VA*

### THE QUESTION

How to develop creative and practical solutions for a new facility that already had an established footprint in order to make the best use of the space while satisfying the various programs' needs?

### THE GOAL

With more than two dozen behavioral health programs scattered throughout Fairfax county, many in rundown facilities and some with leases that were ending, the county wanted to consolidate some of these services into one modern and flexible facility that would reduce costs and improve access for clients, while still maintaining privacy and security.

*Photo: Merrifield Exterior  
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### Objective

When the Merrifield Center in Fairfax, Virginia, opened its doors in March 2015, it established a national precedent for consolidating diverse county behavioral health programs into one easy-to-access, client-centered, aesthetically pleasing space that provides a comprehensive and diverse continuum of services.

The creation of the facility was prompted by a county directive to combine more than a dozen separate programs that had been spread throughout the county into one central location, improving efficiency and avoiding operational redundancies without compromising client safety or privacy. The resulting design of the 200,000-square-foot building preserves the core of each service line while combining common support functions like administration, IT, medical records, and supplies.

The thoughtful design is the result of a unique collaboration among a team of Alexandria, Virginia-based experts, including Noritake Associates (architects), Huelat Davis Healing Design (interiors), and Rhodeside & Harwell (landscape architecture), along with input from program leaders, staff members, clients, and political advocates.

Starting out, the design team looked to the latest research on behavioral health facilities to guide their efforts. What they discovered is that, no similar programs existed that consolidated multiple services into one comprehensive setting in the way they envisioned.

### The Challenge

The Merrifield Center faced many challenges throughout the programming, planning, and construction phases. The first was the lack of existing models that could directly inform the team's design plans.



## KEY FINDINGS

- 1 Having a multi-year planning process that incorporated input from clients and staff on all aspects of design.
- 2 Including natural elements into the design with different themes for each floor has promoted wayfinding, defined program space, and helped connect with the outdoors.
- 3 Building artwork into the walls and ceiling maximized the limited budget while making the space not only safe but also welcoming for clients and staff.
- 4 Security measures, such as bright lighting, staffed reception areas with clear sightlines, restricted access to floors from stairwells, and staff emergency buttons embedded in the floors, improved safety while avoiding an institutional feel.
- 5 The success of this center is now serving as a model for other systems around the country.

Rae Noritake, Principal of Noritake Associates, also had to find creative ways to consolidate 13 independent behavioral health programs (this was narrowed down from a total of 27 programs in the county), all of which had their own identities, into the existing footprint and get them to agree to share common elements to avoid redundancies, much like a hospital operates as one facility with a common support framework and separate service lines.

Additionally, it was decided to include a high-risk emergency department in the building. This required significant planning to separate different high-risk populations, some of which were at odds with one another, throughout the facility to ensure safety for staff members and clients.

Preserving patient privacy in the new model was also a big concern for many of the program leaders and staff. To address this issue, the design experts met with each program's staff and their long-term clients to determine which functions needed to be preserved to comply with HIPAA regulations and which services could be combined.

Finally, the design team grappled with the challenge of determining how to integrate security measures into the facility in a subtle way to maintain safety without conveying an institutional feel.

## Solutions

Originally, Inova Hospital had planned to design and run the facility for the county. But in 2009, Fairfax County decided to take over the project and hired a new design team that consisted of the owner, architect, interior designer, and landscape architect. Since the vision was already set for the project when the team came onboard and there was no blueprint to follow, a collaborative approach was essential to help the experts come up with a design that could achieve the county's goals.

An extensive pre-planning process—spanning eight years before construction even began—was key to helping move the process along and getting major stakeholders in the region, including staff, clients, and politicians to become advocates for the plans.

Will Williams, Director of Alcohol and Drug Services for Fairfax-Falls Church Community Services Board, was the project leader and served as a catalyst to



bring the design team and users together to embrace this model and also to overcome individual differences for the good of the overall project.

Consumer input was a strong element of the project. The team spent approximately six months meeting with user groups to understand how they used their existing space and what types of patients they treated. The designers quickly discovered that the building footprint could not accommodate all of the program elements desired. This required finding ways to consolidate common areas like conference rooms, waiting rooms, supply rooms, therapy rooms, and administrative support to serve multiple programs.

The clients also raised concerns around security issues that had not been considered in the initial stages. This prompted the design team to hire a security expert to advise them in this area. However, they found the recommendations too heavy handed for this patient population. Ultimately, they listened to advice from clients and kept security low-key, using the reception area on each floor to prevent people from going into treatment rooms without an escort, and key cards in the stairwells so that clients couldn't move from floor to floor on their own. Offices and staff workspaces are located around the periphery with private stairways to access all the floors in the building. This keeps safety at the forefront without letting it intrude on the relaxing environment established by the thoughtful design.



*Merrifield Lobby, © Anne Gummerson, July 2015*



“A lot of consumers are here long-term, so the space truly becomes their clinical home. This makes all of the attention to detail and the symmetry with nature part of people’s treatment experiences and as such, a significant part of the healing process.”  
 – Barbara Huelat

The allocation of space in the building, which consists of four floors plus the basement, along with distinct separations built into the design, was accomplished very strategically. For instance, the basement level houses the ED and programs for men who have committed sexual assaults, while programs serving vulnerable women and an alternative school for youth were placed on the third floor to maintain dignity and avoid conflicts. A sally port, or a secure entrance, on the basement level also allows an ambulance to enter with people experiencing a psychiatric crisis for assessment to keep them separated from the rest of the clients. This unit has 23 hour beds where patients can receive care and be stabilized and then referred for additional care or hospitalization if needed. This area is almost like a separate building with separate entrances and locked elevators and stairways. The location of parking, drop off areas, and signage helps direct different populations to the appropriate entrances for the services they need.

Today, when people step inside the completed Merrifield Center, a calming, Zen-like feeling greets them. The soothing tone is set by the organic, or nature-based, theme established by Barbara Huelat, Interior Designer at Huelat Davis Healing Design. She worked closely with the architect and landscape designer to incorporate fractal (geometric) patterns that occur in nature and are strategically repeated in architectural elements and design choices. For instance, doorways and windows are positioned to make them fit with the fractal lines. This helps connect the outside with the indoors and provides opportunities for patients to interact with nature as part of the healing process while also helping them navigate through the space. She also used soothing colors and lighting to help set the mood and ensure safety through well-lit common areas.

## Results

The Merrifield Center now serves more than 1.1 million residents in Fairfax County who have a range of



*Merrifield Consumer Access  
 © Anne Gummerson, July 2015*



“In this modern age, we have to change the way we do business. We can’t have the separation among service lines that we’ve had in the past. Today, people need to be able to come and have all of their behavioral health needs met easily and seamlessly in one comprehensive place.”

–Will Williams

behavioral health diagnoses with services that treat low-, moderate-, and high-risk adults and children. The facility also houses a health clinic, pharmacy, and a separate emergency center for individuals experiencing a psychiatric crisis.

While some program staff had initially resisted this consolidation, the design team ultimately gained widespread support by ensuring that each program’s critical elements would be preserved. Further, even though there are 13 programs operating inside the facility, the security elements built into the design allows it to function as a dozen separate buildings.

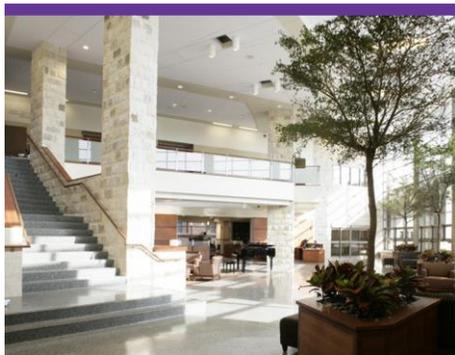
The flow of the integrated model also makes it convenient for clients to navigate the space effectively. People can enter through the front door or through the parking garage and follow carefully plotted paths to their destinations. Each floor has a different nature-based theme to promote wayfinding, and there is a central reception area near the elevator bank and then two separate wings that allow easy access while still maintaining privacy between programs as needed.

The top floor of the facility houses a program run by Inova Fairfax Hospital, a regional hospital, to provide low-cost healthcare and also dental care to people with behavioral health needs through a contract with the county, providing convenient access to these clients for other healthcare needs.

Since the facility opened, the number of incidents requiring police intervention has decreased significantly—from about 100 among all of the programs when they operated independently to just three since they have been combined. Compliance has improved, reinforcing the effectiveness of the design’s approach.

### Conclusion

The impetus for the Merrifield Center was originally about reducing costs more than improving quality of care. Yet once the design was established and the programs were relocated into the new facility, the quality of care has actually improved and staff and clients are more satisfied. This may be at least in part because the whole environment is part of the therapy process. The careful planning and the Zen-based approach seem to help clients feel welcome, as well as stay calmer and more comfortable. This seems to contribute to improved compliance. Staff is also happier and satisfaction scores have increased. Human rights complaints have dropped. The Peer Resource Center, also included in the



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facility, now sees 100 or more people each day. The Merrifield Center also provides a safe place for people in crisis to be assessed and to access needed services, either within the Center or through referral to other programs.

The success of the center has also drawn the attention of local, state, and national politicians about the need for comprehensive behavioral health treatment in the region, as well as throughout the nation. Other organizations are now looking to the Merrifield Center model to understand the strategy and determine how to adopt a similar approach to meet the multi-faceted needs of the populations they serve.

### Design Team

*Architect:* Noritake Associates Inc.

*Interior Design Firm:* Huelat Davis Healing Design

*Landscape Architect:* Rhodeside & Harwell Inc.

*Construction:* Manhattan Construction



## ADDITIONAL PERSPECTIVES

### William Williams

Director of Alcohol and Drug Services  
Fairfax-Falls Church Comm. Serv. Board

#### Gaining Widespread Support for the Project Concept

When planning for the Merrifield Center began, project director Will Williams, Director of Alcohol and Drug Services for the Fairfax Falls Church Community Services Board, needed to generate buy-in for this concept from many different corners.

“We wanted the Merrifield Center to be a building that is flexible and could contract and expand depending on future needs. That element was key to selling the concept for widespread support,” he explains.

“We didn’t have a template to use. We were trying to incorporate a whole look and feel that didn’t exist before,” he says. “This was frustrating for me as a project leader, but well worth the time to learn and really talk to other players and get broad-brush views of concepts to help move us along.”

“We also had an advisor and invited other experts as well to come and talk to the staff about why integrated behavioral health services were so important,” Williams says, pointing out that he acted as a “facilitator of change” to ultimately help bring about a new way of envisioning the design of a behavioral healthcare facility and the way it operates to support clients’ dignity.

He says that at the end of the day, the Center really represents the growing awareness of the importance of recognizing and treating psychiatric diagnoses and the need for comprehensive treatment services.

“In this modern age, we have to change the way we do business. We can’t have the separation among service lines that we’ve had in the past,” he points out. “Today, people need to be able to come and have all of their behavioral health needs met easily and seamlessly in one comprehensive place.”

### Rae Noritake

Architect  
Noritake Associates

#### Listening to Users and Clients to Guide the Programming Process

“When my firm was selected to design this project with Fairfax County, the site plan was already set,” says Rae Noritake, Principal of Noritake Associates. “Therefore, I had to make all of the programming elements fit within the existing envelope,” he says. While this was a tall order on its own, complicating matters was the fact that this project was the first behavioral health facility his firm had ever tackled, so he had a steep learning curve. But thanks to strong collaboration with the interior designer and the landscape architect, he quickly got the lay of the land and was not afraid to think outside the box. In fact, since he had no preconceived notions, he was able to flex in new ways that made the project even stronger.

“We met with clients and users and found out what they wanted in the facility, such as a welcoming space with lots of natural daylight,” Noritake says. He also had to get creative to meet everyone’s needs within the existing footprint by discovering common services programs could share, including the waiting areas and therapy & meeting rooms.

Noritake says the leadership from Will Williams was instrumental in getting department heads to overcome any individual resistance and ultimately accept changes to their daily operations for the good of the overall project.

“Once we got everyone on board, we put the details together like a jigsaw puzzle. We put the programs that work with women and children on the third floor away from the other spaces,” Noritake says. “The crisis/emergency center went on the basement level, with the other services sandwiched in between, allowing the facility to function in the most effective—and secure—fashion,” he says.

“Now we have young children who have been sexually abused coming into the facility for therapy, as well as men who have committed sexual assault, and through our design we’ve been able to find ways to be sure their paths don’t cross,” he adds.

### Barbara Huelat

Interior Designer  
Huelat Davis Healing Design

#### Grounding the Design Plans in Nature

“I wanted to create a healing environment using architecture and interior choices for color and materials that are grounded in nature,” says Barbara Huelat, Interior Designer at Huelat Davis Healing Design. She points out that strong collaboration among members of the design team played an instrumental role in enabling her to incorporate this nature focus into the broader design goals. “My colleagues and I found that by working together, we could solve more together than any one of us could do independently,” she explains.

Since this was a county project, there was no budget for artwork, which could have been a big stumbling block. Yet Huelat saw this challenge as an opportunity to stretch the design in new ways. “We were able to build art into the design itself, incorporating it into the walls and ceiling, and using kinetic lighting that subtly changes throughout the day.” This accents the artwork elements and helps create a beautiful and calming space.

She also allocated different nature themes on each of the floors. “The third floor for women and children has the lotus flower, the second floor is water, and the first floor is green with wood and trees,” she says. This creates a soothing environment that makes people feel welcome and helps them navigate the space.

The design plays an important role in reinforcing the security of the facility. “For staff at risk of a disruptive consumer, we have buzzers under the desk to call for help and an exit behind them if needed for an escape.”

“We also separated the populations with separate entrances. One entrance goes directly to the ED, one comes in to the main floor through the garage, and one is to the main floor through the front door.” Overall, the center makes patients feel respected and makes it easier—and more comfortable—for them to access the services they need.

“A lot of consumers are here long-term, so the space truly becomes their clinical home. This makes all of the attention to detail and the symmetry with nature part of people’s treatment experiences and as such, a significant part of the healing process.”